



Adult/Parent Demographic Form

Participant ID # _____

Program Contract # _____

If this is your last session:

1. How many hours did you participate in this program? _____ hours.
2. How many sessions did you participate in? _____ sessions.

Please tell us a little bit about yourself.

1. Age: _____
2. What is your birth date? ____/____/____ (ex. 07/11/79)
3. Sex: () Male or () Female
4. What is your ethnic background? Check one:
() = Caucasian () = African-American () = Hispanic () = Asian-American
() = Native American () = Bi-racial () = Other: _____
5. What is your work status? Check one:
() Full-time () Part-time () Not working for pay
6. Are you currently a student? () Yes or () No
7. What is the **highest** level of education that you have? Check one:
() Do not have high school degree () Completed high school or GED
() Some college () 2-year college/Technical school degree
() 4-year college degree () Post-college degree (e.g., Master's, Ph.D., M.D.)
8. What is your **total gross household income** before taxes in the current year? Check one:
() less than \$7,000 () \$7,000-\$13,999 () \$14,000-\$24,999
() \$25,000-\$39,999 () \$40,000- \$74,999 () \$75,000 or more
9. In what county do you live? _____
10. Who lives in your house with you? (Check all that apply).
() your child(ren) () your stepchild(ren)
() your boyfriend/girlfriend () your husband/wife
() your father () your mother
() your stepfather () your stepmother
() your sister () your brother
() Other (Please list): _____
11. Do you provide primary day-to-day parenting of your child(ren) (or the child you care for)?
() Yes or () No

12. For each of your children, please list age and gender:

Age/Gender	Age/Gender
/ () Male or () Female	/ () Male or () Female
/ () Male or () Female	/ () Male or () Female
/ () Male or () Female	/ () Male or () Female